

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/634328

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	Cancel						52						
3		1					53						
4	Cancel						54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	T						60						
11	T						61						
12	T						62						
13		1					63						
14	T						64						
15	T						65						
16		1					66						
17	T						67						
18	T						68						
19	T						69						
20	T						70						
21	T						71						
22	1						72						
23	Cancel						73						
24		1					74						
25		1					75						
26	T						76						
27	T						77						
28	T						78						
29	T						79						
30	1						80						
31	T						81						
32	T						82						
33	T						83						
34	T						84						
35		1					85						
36		1					86						
37	T						87						
38	T						88						
39	T						89						
40	T						90						
41	T						91						
42	T						92						
43	T						93						
44	1						94						
45		1					95						
46	1						96						
47	Cancel						97						
48	1						98						
49		1					99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						